

# TENNESSEE BOARD OF MEDICAL EXAMINERS' COMMITTEE ON PHYSICIAN ASSISTANTS

# **April 7, 2017**

#### **MINUTES**

A regular meeting of the Tennessee Board of Medical Examiners' Committee on Physician Assistants was held in the Poplar Conference Room at 665 Mainstream Drive, Metro Center, Nashville, Tennessee.

**Members Present**: Barbara Thornton, Public Member

Russ Dailey, PA-C, Benjamin Hux, OPA-C, Donna Lynch, PA-C Gregory Cain, PA-C

**Members Absent:** Bret Reeves, PA-C

Omar Nava, PA-C

**Staff Present:** Stacy Tarr, Administrative Director

Maegan Martin, Executive Director Rene Saunders, MD, Medical Director

Mary Katherine Bratton, JD, Deputy General Counsel

Mr. Benjamin Hux, Committee Chairman called the meeting to order at 9:00 a.m. The Chairman determined that a quorum was present.

#### **Approval of Minutes**

Mr. Dailey made a motion to approve the amended minutes. Ms. Thornton seconded the motion. The motion carried.

### **Applicant Interview**

**Joshua Carter** – Mr. Carter was asked to appear before the Committee to discuss his criminal history. As a result of Mr. Carter's prior history, he has undergone anger management counseling twice: one effort was court-ordered and the other was voluntary. Mr. Mike

Harkreader, on behalf of the Tennessee Professional Assistant Program (TnPAP), attended the meeting and stated that it would be possible for Mr. Carter to undergo an evaluation to determine whether Mr. Carter has an ongoing problem. After a brief discussion, the Committee made a motion to approve Mr. Carter's application contingent upon his submission to an evaluation to be facilitated by TnPAP. If the evaluation determines that Mr. Carter does not require further monitoring by TnPAP, the Committee's medical consultants will be authorized to approve the application. If further monitoring is suggested, Mr. Carter will reappear before the Committee in July. Ms. Thornton made the motion, which was seconded. The motion passed unanimously.

### **Ratification of New Licenses**

Mr. Dailey made a motion to ratify the list of new licenses and reinstatements. Ms. Thornton seconded the motion. The motion passed.

#### **Discussion of CME Policies**

Ms. Martin referred the Committee to TENN. COMP. R. & REGS. 0880-03-.12(1)(a) which provides that "at least fifty (50) hours shall be obtained in certified medical education Category I..." implying strongly that the remaining 50 hours can be earned in Category II hours. The issue is that Category II hours are earned by completed self-directed activities that can't be verified independently. If an individual is NCCPA certified, they can enter the Category II activity into the NCCPA log, but there is no independent verification of those activities. Because NCCPA certification is not an ongoing requirement for licensure, individuals who choose not to maintain their NCCPA certification may submit handwritten verification of their Category II activities.

Ms. Martin acknowledged the possibility that the Committee is comfortable essentially requiring 50 hours of CME per biennial period. Mr. Cain thought that the Committee's approach should be the same as the NCCPA's – which appears to be on the honor system. Others agreed. Ms. Martin asked what minimum information she should require in order to attempt to verify Category II hours. She indicated that she would do some research and bring that information to the next meeting. Mr. Hux suggested that TAPA could be a resource for this discussion.

Ms. Martin reported that she learned, somewhat recently, that many of the professions under the purview of the Department have continuing education policies that allow a licensee who is deficient is a minimal number of hours or credits, a certain period of time to cure the deficiency without penalty. Very recently, the Board of Medical Examiners and the Board of Osteopathic Examination have decided to allow their licensees to cure a minor CME deficiency without penalty. The Committee discussed this and a motion was made to allow a thirty (30) day grace period of up to five hours for OPAs and up to ten (10) hours for PAs in Category 1. The motion was seconded and passed unanimously.

### **OGC Report**

Ms. Bratton, Deputy General Counsel of the Office of General Counsel, referred the Committee to the OGC report. There are no pending rules for the PA committee. OGC currently has twelve

(12) open cases pertaining to nine (9) respondents who are licensees of the Committee pending in OGC. There were no contested cases. There were three agreed orders and one agreed citation.

**SB850/HB696** – The bill would create a category of licensure under the Board of Medical Examiners and could result in the creation of a new Committee. The bill would allow for Physician Assistants who are degreed, have had three years of clinical practice, and are graduates of a two year doctorate of medical science that is accredited by a regional body of the US Department of Education, to become licensed as doctors of medical science. The bill proposes that doctors of medical science practice "autonomously" and not under the supervision of a physician. The bill has been tabled until next session.

#### **Consent Orders:**

Aubrey Cawthon – Mr. Cawthon did not appear, nor did her legal counsel. The proposed consent order specifies that Mr. Cawthon wrote a prescription for a person who was not his patient for two (2) controlled substances. Prior to prescribing the controlled substances, Mr. Cawthon failed to conduct a physician examination or make a diagnosis. The person had previously been prescribed the substances by a physician and a psychiatrist. Mr. Cawthon avers that he interacted with the recipient of the prescriptions on a daily basis and had knowledge of his condition. Mr. Cawthon failed to create or maintain sufficient medical records for the prescribing and failed to document a written treatment plan with a regard to the use of the controlled substances. Mr. Cawthon continued to prescribe the person the controlled substances for the following ten (10) months without creating or maintaining sufficient medical records. Over the next twenty-one (21) months, Mr. Cawthon prescribed additional controlled substances despite knowledge that the person had a substance use disorder and was abusing illegal drugs.

The proposed consent order seeks to place Mr. Cawthon's license on probation for a period of one year. Before the end of the probationary period, Mr. Cawthon must enroll in and complete the course entitled, "Medical Ethics, Boundaries and Professionalism," or an equivalent course pre-approved by the Board's Consultant. Within thirty (30) days after completion of the course, Mr. Cawthon must mail or deliver proof of compliance with this course requirement to the Disciplinary Coordinator. Mr. Cawthon will also be assessed costs. Mr. Dailey made a motion to accept the consent order. Mr. Cain seconded the motion. The motion passed unanimously.

Ashley Wallace – Ms. Wallace did not appear, nor did her legal counsel. While Ms. Wallace was licensed and working in Pennsylvania, she called in an unauthorized prescription for a person who was not a patient in order to obtain a controlled substances for herself. On two different occasions, the Commonwealth of Pennsylvania, Office of Attorney General, Bureau of Narcotics Investigation and Drug Control received allegations from a hospital that Ms. Wallace, a former employee, had filled unauthorized or altered prescriptions. The Pennsylvania Board of Medicine's Probable Cause Screening Committee approved an Order of Immediate Temporary Suspension of Ms. Wallace's practice as a physician assistant. Ms. Wallace did not report this discipline to the Department within 30 days. Ms. Wallace entered a plea of guilty in Pennsylvania. Ms. Wallace did not report this judgement to the Department within 30 days. On May 23, 2016, Ms. Wallace, signed a Consent Agreement and Order before the Commonwealth of Pennsylvania Board of Medicine suspending Ms. Wallace's license to practice as a physician assistant for 5 years and staying such suspension in favor of five years of probation on Ms.

Wallace's license to practice, among other discipline, requirements, and provisions. Ms. Wallace did not report this discipline to the Department within 30 days.

The Pennsylvania Board of Medicine's Consent Agreement and Order required Ms. Wallace to undergo evaluation and treatment for substance use disorder. Ms. Wallace has executed a 5 year monitoring agreement with the Tennessee Professional Assistance Program which includes treatment and monitoring. Ms. Wallace has not been fully compliant with her TnPAP monitoring agreement. The proposed consent order orders her license to be suspended for a period of time to run concurrently with Pennsylvania's order, but for not less than five (5) years. Ms. Wallace has agreed to surrender her DEA registration for all schedules and agrees that she will not seek reinstatement of her privileges until neither her Pennsylvania nor her Tennessee licenses are encumbered. She must maintain compliance with her TnPAP monitoring agreement at all times and she is prohibited from working for or at a Pain Management Clinic, or any clinic, office, or facility where a majority of patients receive controlled substances. Ms. Wallace must pay the actual and reasonable costs of prosecuting this case. A motion to accept the proposed consent order was made, seconded and passed unanimously.

# **Agreed Citation:**

**Edwin Fisher** – Mr. Fisher practiced on a lapsed license for four months. The policy requires a civil penalty of \$300 per month for unlicensed practice beyond the thirty (30) day grace period. The Agreed Citation assesses a penalty of \$900. A motion was made to approve the Agreed Citation. Ms. Thornton seconded the motion. The motion passed unanimously.

## **Agreed Order:**

Marsha Peercy – Ms. Peercy did not appear, nor did her counsel. Ms. Peercy pled guilty to a charge of reckless endangerment arising from an incident wherein she participated in the discharge of a firearm. Ms. Peercy pled guilty to Driving Under the Influence arising from a previous arrest. Ms. Peercy recently underwent an evaluation and completed an outpatient program designed to address alcohol and substance abuse. She subsequently participated in 97 hours of treatment and provided seven (7) random drug screens – each negative.

The proposed consent order places Ms. Peercy on probation for a period of one year. During the probationary period, Ms. Peercy shall continue to be monitored through random drug screens. After the probationary period, Ms. Peercy will become eligible to petition the Committee on for an "Order of Compliance." Ms. Peercy must pay the actual and reasonable costs of prosecuting this case. Ms. Thornton made a motion to accept the Agreed Order which was seconded. Mr. Dailey was recused. The motion passed.

#### **Manager's Report**

Ms. Tarr reported that from January 1, 2017 to March 31, 2017 there have been seventy-three (73) new PA applications received, fifty-four (54) new licenses issued, two hundred and twenty (220) renewals, and three (3) reinstatements. Eighty-three percent (83%) of the licensees renewing, chose to do so online. The number of active licensees as of December 31, 2016 was two thousand and nineteen (2,019). One thousand seven hundred and ninety-five (1,795) of those

licensees have a Tennessee mailing address. The total number of Orthopedic Physician Assistants (OPAs) as of December 31, 2016 was eighteen (18).

# **Investigation & Disciplinary Report**

Ms. Nichelle Durroh reported that there are currently twenty-eight (28) complaint cases open against physician assistants in the Office of Investigations. The office is in the process of scheduling another review. The office is currently monitoring several individuals. There are currently no complaint cases against orthopedic physician assistants in the Office of Investigations.

# **TnPAP Report**

Mr. Mike Harkreader, representative of TnPAP, reported that from July 1, 2016 through March 31, 2017, his office monitored ten (10) physician assistant licensees. Of the ten (10), five (5) are a referral from the Committee. Of the five (5) referred, three (3) were referred for arrest/prior conviction, one (1) for prescription fraud, and one (1) for substance use. There were three (3) agreements that became effective. There was one (1) person who declined services. There have been two (2) successful completions, and three (3) files have been closed. The Department was notified of each.

There being no other business, the meeting adjourned.